

# **EXHIBIT 3**

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| GENERAL OFFENSE<br>CASE REPORT<br>CHICAGO POLICE  |  | 1. OFFENSE/INCIDENT-PRIMARY CLASSIFICATION<br><b>HOMICIDE</b>  |  | 1-UCR OFF CODE 2. SECONDARY CLASSIFICATION<br><b>0110 First Degree Murder</b>  |  | 3. R.D. NO.<br><b>F -282753</b>   |  |
| 4. ADDRESS OF OCCURRENCE<br><b>4721 W Ohio</b><br><b>Sidewalk</b>   |  | 5. FIRE RELATED<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | 6. DATE OF OCCURRENCE - TIME<br><b>13 MAY 00 0100/0114</b>   |  | 7. BEAT OF OCCUR<br><b>1111</b>   |  |
| 9. TYPE OF LOCATION OR PREMISE WHERE OFFENSE OCCURRED (GIVE NAME OF LOCATION IF APPL. CASE):<br><b>MigloRE 21127</b>  |  | 10. LOCATION CODE<br><b>3 0 3</b>  |  | 11. DATE R.O. ARRIVED - TIME<br><b>13 MAY 00 0920</b>  |  | 12. ASSIGNED BY<br><input type="checkbox"/> 2 ON VIEW <input checked="" type="checkbox"/> 3 SUPERVISOR  |  |
| All information, descriptions and statements in this entire report are approximations or summaries unless indicated otherwise.  |  |  |  |  |  |   |  |
| 21. NAME (LAST-FIRST-M.)<br><b>ERYKMAJDAK, Marek</b>  |  | 22. HOME ADDRESS (NO., DIR. STREET, APT. NO.)<br><b>6952 W. Diversey</b>   |  | 23. SEX-RACE-AGE CODE<br><b>M 2 29</b>   |  | 24. HOME PHONE<br><b>Unk</b>  |  |
| 25. BUSINESS PHONE<br><b>Unk</b>  |  | 26. TIME AVAIL.<br><b>D-N-A</b>  |  | 27. OCCUPATION<br><b>Unk</b>   |  | 28. IN-JURED<br><b>X</b>  |  |
| 29. VICTIM REL. CODE<br><b>24</b>   |  | 23. SEX-RACE-AGE CODE<br><b>M 2 29</b>   |  | 24. HOME PHONE<br><b>Unk</b>   |  | 25. BUSINESS PHONE<br><b>Unk</b>  |  |
| 26. TIME AVAIL.<br><b>D-N-A</b>   |  | 27. OCCUPATION<br><b>Unk</b>   |  | 28. IN-JURED<br><b>X</b>   |  | 29. VICTIM REL. CODE<br><b>24</b>   |  |
| PARENT/GUARDIAN, IF JUVENILE<br><b>400</b>  |  |  |  |  |  |   |  |
| 31. 1. DISCOVERED BY<br><b>EDWARDOS, Betty</b>  |  | 32. 2. REPORTED OFFENSE<br><b>4717 W Ohio</b>  |  | 33. 3. RACE-AGE<br><b>F 1 62</b>   |  | 34. 4. HOME PHONE<br><b>626 3580</b>  |  |
| 35. 5. MOTHER<br><b>POPE Lisa</b>   |  | 36. 6. FATHER<br><b>EATON Ken-ken</b>  |  | 37. 7. SON-IN-LAW<br><b>Unk</b>  |  | 38. 8. DAUGHTER-IN-LAW<br><b>Unk</b>  |  |
| 39. 9. OTHER RELATIVE<br><b>(Unk. Caller)</b>   |  | 40. 10. HOME ADDRESS<br><b>4657 W Erie</b>   |  | 41. 11. SEX-RACE-AGE<br><b>Unk</b>   |  | 42. 12. HOME PHONE<br><b>626 3427</b>   |  |
| 43. 13. OFFENDER'S NAME (OR DESCRIBE CLOTHING, ETC.)<br><b>Black T-Shirt / Dk. Pants</b>  |  | 44. 14. HOME ADDRESS<br><b>Unk</b>   |  | 45. 15. SEX-RACE-AGE<br><b>M 1 20s</b>   |  | 46. 16. HEIGHT<br><b>506</b>  |  |
| 47. 17. WEIGHT<br><b>Unk</b>  |  | 48. 18. EYES<br><b>Unk</b>   |  | 49. 19. HAIR<br><b>Unk</b>   |  | 50. 20. COMPL.<br><b>Unk</b>  |  |
| 51. 21. OBJECT/WEAPON<br><input checked="" type="checkbox"/> 1 USED <input type="checkbox"/> 2 DISPLAYED <input type="checkbox"/> 3 UNK   |  | 52. 22. FIREARM FEATURES<br><input type="checkbox"/> 01 CHROME/NICKEL <input type="checkbox"/> 02 BLUE/STEEL <input type="checkbox"/> 03 SHORT BARREL <input type="checkbox"/> 04 LONG BARREL <input type="checkbox"/> 05 SAWED OFF <input type="checkbox"/> 06 OTHER <input checked="" type="checkbox"/> 07 UNKNOWN <input type="checkbox"/> 08 DNA |  | 53. 23. POINT/ENTRY<br><input type="checkbox"/> 01 FRONT DOOR <input type="checkbox"/> 02 REAR DOOR <input type="checkbox"/> 03 WINDOW <input type="checkbox"/> 04 ROOF <input type="checkbox"/> 05 FLOOR <input type="checkbox"/> 06 SIDE DOOR <input type="checkbox"/> 07 OTHER <input checked="" type="checkbox"/> 08 UNKNOWN <input type="checkbox"/> 09 DNA |  | 54. 24. POINT/EXIT<br><input type="checkbox"/> 01 FRONT DOOR <input type="checkbox"/> 02 REAR DOOR <input type="checkbox"/> 03 WINDOW <input type="checkbox"/> 04 ROOF <input type="checkbox"/> 05 FLOOR <input type="checkbox"/> 06 SIDE DOOR <input type="checkbox"/> 07 OTHER <input checked="" type="checkbox"/> 08 UNKNOWN <input type="checkbox"/> 09 DNA |  |
| 55. 25. BURGULAR ALARM<br><input checked="" type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO   |  | 56. 26. UNUSUAL CHARACTERISTICS OF OFFENSE<br><b>See Narrative</b>   |  | 57. 27. IF RESIDENCE, WHERE WERE OCCUPANTS<br><input type="checkbox"/> 01 WORK <input type="checkbox"/> 02 VISITING <input type="checkbox"/> 03 VACATION <input type="checkbox"/> 04 WEDDING <input type="checkbox"/> 05 FUNERAL/WAKE <input type="checkbox"/> 06 OTHER <input checked="" type="checkbox"/> 07 UNKNOWN <input type="checkbox"/> 08 DNA           |  | 58. 28. GANG RELATED<br><input type="checkbox"/> VICTIM <input type="checkbox"/> OFFENDER <b>(Unk.)</b>   |  |
| 71. DESCRIBE PROPERTY IN NARRATIVE<br><b>POSS. Victim's 97 Dodge Mini-Van Green 2B4FP25B7VR129536</b>   |  |  |  |  |  |   |  |
| 72. 29. JEWELRY<br><input type="checkbox"/> 01 T S <input type="checkbox"/> 02 R <input type="checkbox"/> 03 S <input type="checkbox"/> 04 R <input type="checkbox"/> 05 S <input type="checkbox"/> 06 R <input type="checkbox"/> 07 S <input type="checkbox"/> 08 R <input type="checkbox"/> 09 S <input type="checkbox"/> 10 R <input type="checkbox"/> 11 S <input type="checkbox"/> 12 R <input type="checkbox"/> 13 S <input type="checkbox"/> 14 R <input type="checkbox"/> 15 S <input type="checkbox"/> 16 R <input type="checkbox"/> 17 S <input type="checkbox"/> 18 R <input type="checkbox"/> 19 S <input type="checkbox"/> 20 R <input type="checkbox"/> 21 S <input type="checkbox"/> 22 R <input type="checkbox"/> 23 S <input type="checkbox"/> 24 R <input type="checkbox"/> 25 S <input type="checkbox"/> 26 R <input type="checkbox"/> 27 S <input type="checkbox"/> 28 R <input type="checkbox"/> 29 S <input type="checkbox"/> 30 R <input type="checkbox"/> 31 S <input type="checkbox"/> 32 R <input type="checkbox"/> 33 S <input type="checkbox"/> 34 R <input type="checkbox"/> 35 S <input type="checkbox"/> 36 R <input type="checkbox"/> 37 S <input type="checkbox"/> 38 R <input type="checkbox"/> 39 S <input type="checkbox"/> 40 R <input type="checkbox"/> 41 S <input type="checkbox"/> 42 R <input type="checkbox"/> 43 S <input type="checkbox"/> 44 R <input type="checkbox"/> 45 S <input type="checkbox"/> 46 R <input type="checkbox"/> 47 S <input type="checkbox"/> 48 R <input type="checkbox"/> 49 S <input type="checkbox"/> 50 R <input type="checkbox"/> 51 S <input type="checkbox"/> 52 R <input type="checkbox"/> 53 S <input type="checkbox"/> 54 R <input type="checkbox"/> 55 S <input type="checkbox"/> 56 R <input type="checkbox"/> 57 S <input type="checkbox"/> 58 R <input type="checkbox"/> 59 S <input type="checkbox"/> 60 R <input type="checkbox"/> 61 S <input type="checkbox"/> 62 R <input type="checkbox"/> 63 S <input type="checkbox"/> 64 R <input type="checkbox"/> 65 S <input type="checkbox"/> 66 R <input type="checkbox"/> 67 S <input type="checkbox"/> 68 R <input type="checkbox"/> 69 S <input type="checkbox"/> 70 R <input type="checkbox"/> 71 S <input type="checkbox"/> 72 R <input type="checkbox"/> 73 S <input type="checkbox"/> 74 R <input type="checkbox"/> 75 S <input type="checkbox"/> 76 R <input type="checkbox"/> 77 S <input type="checkbox"/> 78 R <input type="checkbox"/> 79 S <input type="checkbox"/> 80 R <input type="checkbox"/> 81 S <input type="checkbox"/> 82 R <input type="checkbox"/> 83 S <input type="checkbox"/> 84 R <input type="checkbox"/> 85 S <input type="checkbox"/> 86 R <input type="checkbox"/> 87 S <input type="checkbox"/> 88 R <input type="checkbox"/> 89 S <input type="checkbox"/> 90 R <input type="checkbox"/> 91 S <input type="checkbox"/> 92 R <input type="checkbox"/> 93 S <input type="checkbox"/> 94 R <input type="checkbox"/> 95 S <input type="checkbox"/> 96 R <input type="checkbox"/> 97 S <input type="checkbox"/> 98 R <input type="checkbox"/> 99 S <input type="checkbox"/> 100 R |  |  |  |  |  |   |  |
| 73. 30. PROPERTY INVENTORY NO(S)<br><b>Applied for</b>  |  |  |  |  |  |   |  |
| 74. 31. VEH INVENTORY NO. POUND<br><b>1</b>   |  |  |  |  |  |   |  |
| 75. 32. SOBER<br><input checked="" type="checkbox"/> 1 SOBER <input type="checkbox"/> 2 HBD   |  |  |  |  |  |   |  |
| 76. 33. EXTRA COPIES REQUIRED<br><input checked="" type="checkbox"/> 1 NORMAL <input type="checkbox"/> 2 CONT'D. <input type="checkbox"/> 3 OTHER SIDE  |  |  |  |  |  |   |  |
| 77. 34. OFFICER NOTIFYING FOLLOW UP INVESTIG. UNIT<br><b>DEC. OFC. LEWIS 14196 (COW) 1400</b>   |  |  |  |  |  |   |  |
| 78. 35. OFFICER NOTIFYING ST. D.S. ST. ME<br><b>DEC. OFC. LEWIS 14196 (COW) Ops. Comm. 13 MAY 00 0500</b>   |  |  |  |  |  |   |  |
| 79. 36. SUPERVISOR APPROVING (PRINT NAME) SIGNATURE<br><b>DEC. OFC. LEWIS 14196 (COW) 13 MAY 00 0500</b>  |  |  |  |  |  |   |  |
| 80. 37. DATE APPROVED<br><b>13 MAY 00 0800</b>  |  |  |  |  |  |   |  |

City NK 000281



CONTINUATION  
OF NARRATIVE

R.D. NO

F-282753

they heard 2 shots but saw nothing. Witness #4 not on scene. Two .45 cal. shell casings were recovered near Vic's body. Above listed vehicle, possibly belonging to Vic, was found parked at approx. 4726 W. Ohio with a broken right front window, flashers activated, and keys on front floor.

Also on scene: BT. 1123, 1110, 1120, 1114, 1121

Additional Notifications: Oll Desk FABIAN 17699 @ 0138

Crime Lab SAHAGAN 1434 @ 0140 - Unit 9602 responded TOVAR 12847/MORAN 7718

M.E. Office SANDERS #62 @ 0141

82 01  
15 MAY 2000

I HAVE REVIEWED THIS REPORT  
AND BY MY SIGNATURE INDICATE  
THAT IT IS ACCEPTABLE

SUPERVISOR'S SIGNATURE

DATE (DAY-MO-YR)

## FOR USE BY BUREAU OF INVESTIGATIVE SERVICES ONLY

|   |  |  |  |  |  |  |  |  |  |   |  |
|---|--|--|--|--|--|--|--|--|--|---|--|
| ICR OFFENSE CODE -<br><input checked="" type="checkbox"/> 1 CORRECT<br><input type="checkbox"/> 2 REVISED   | REV CODE   | ICR METHOD CODE<br>400   | METHOD ASSIGNED<br><input checked="" type="checkbox"/> 1 FIELD<br><input type="checkbox"/> 2 ADMIN.<br><input type="checkbox"/> 3 SUMMARY  | UNIT NO.<br>640  | OFFICER ASSIGNED<br>STAR NO. 21127   | DATE ASSIGNED<br>MAY 13 2000   | SUPV STAR NO.<br>1340  | INVESTIGATIVE FILE<br><input type="checkbox"/> 1 YES<br><input checked="" type="checkbox"/> 2 NO | PE ASSIGNED<br><input type="checkbox"/> 1 YES<br><input type="checkbox"/> 2 NO     |   |  |
| OFFICER REASSIGNED -<br>STAR NO.  | DATE   | STATUS<br><input type="checkbox"/> 3 CLEARED CLOSED<br><input type="checkbox"/> 6 EXC. CLEARED OPEN  | <input type="checkbox"/> 0 PROGRESS<br><input type="checkbox"/> 1 SUSPENDED<br><input type="checkbox"/> 2 UNFOUNDED<br><input type="checkbox"/> 4 CLEARED OPEN<br><input type="checkbox"/> 5 EXC. CLRD. CLOSED<br><input type="checkbox"/> 7 CLOSED-NON-CRIMINAL | IF CASE IS CLEARED, HOW CLEARED (USE THIS BOX FOR SINGLE CLEAR UP OR FIRST CLEAR UP OF MULTIPLE CLEAR UP LIST)<br><input type="checkbox"/> 1 ARREST & PROSECUTION<br><input type="checkbox"/> 2 DIRECTED TO FAMILY COURT<br><input type="checkbox"/> 3 COMPL. REFUSED TO PROSECUTE<br><input type="checkbox"/> 4 COMMUNITY JUSTICE<br><input type="checkbox"/> 5 OTHER EXCEPTIONAL |  |  |  |  |  | <input type="checkbox"/> ADULT<br><input type="checkbox"/> JUV.         |  |
| VICTIM IDENTIFIERS<br><input type="checkbox"/> 1 CORRECT<br><input type="checkbox"/> 2 REVISED  | VICTIM NO.   | REVISED NAME   |  | REVISED ADDRESS<br><input type="checkbox"/> HOME<br><input type="checkbox"/> BUSINESS  |  |  |  |  |  |   |  |
| VALUE OF PROPERTY TAKEN/RECOVERED<br><input type="checkbox"/> 1 DNA<br><input type="checkbox"/> 2 VERIFIED<br><input type="checkbox"/> 3 CORRECTED  |  | FILL IN THE FULL AMOUNT OF ONLY THOSE VALUES WHICH EITHER DIFFER FROM OR WERE NOT REPORTED ON THE REVERSE, THE NARRATIVE OF A SUPPLEMENTARY REPORT |  |  |  |  |  |  |  |   |  |
| 1 MONEY<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R  | 2 JEWELRY<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 3 FURS<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R  | 4 CLOTHING<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R  | 5 OFFICE EQUIPMT.<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R   | 6 TV, RADIO, STEREO<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 7 HOUSEHOLD GOODS<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 8 CONSUM. GOODS<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 9 FIREARMS<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R                        | 10 NARC/DANG. DRUGS<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 11 OTHER<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R | 12 NONE<br><input type="checkbox"/> T \$<br><input type="checkbox"/> R |
| SERIAL NOS. OR IDENTIFICATION NOS.<br><input type="checkbox"/> 1 DNA<br><input type="checkbox"/> 2 VERIFIED<br><input type="checkbox"/> 3 CORRECTED |  | LIST ALL CORRECTIONS & NEW OR ADDITIONAL NOS. OBTAINED   |  |  |  |  |  |  |  |   |  |

PERMANENT RETENTION FILE

REMARKS (PERTINENT INFORMATION NOT ON ORIGINAL REPORT)

PREPARED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR)

APPROVED BY - SIGNATURE

STAR NO.

DATE (DAY-MO-YR)

City NK 000282